

25X1A

SECRET

PERSONNEL

DECLASSIFICATION

Approved For Release 2001/03/02 : CIA-RDP78-04718A000300090049-8

1957

APPLICATION AND CLAIM FOR HOME SERVICE TRANSFER ALLOWANCE						BU. VOU. NO.		
NAME			PRIOR POST OF ASSIGNMENT		DATE ARRIVAL HEADQUARTERS			
OFFICE ADDRESS		TELEPHONE EXT.	PCS TRAVEL ORDER NUMBER		WITH DEPENDENTS			
					ACCOMPANIED <input type="checkbox"/> UNACCOMP. <input type="checkbox"/>			
GRADE	ANNUAL SALARY		DATE OF TRAVEL ORDER		WITHOUT DEPENDENTS			
PERIOD OF CLAIM		DATE RETURNED TO DUTY IN U.S.		TEMPORARY QUARTERS				
				ADDRESS				
DEPENDENTS AT NEW POST								
NAME		RELATIONSHIP	DATE OF BIRTH		TYPE OF QUARTERS			
					HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/>			
					HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/>			
					OTHER (Explain) <input type="checkbox"/>			
					FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/>			
				TEMPORARY LODGING ALLOWANCE CLAIM				
RENT				\$				
UTILITIES (If charged separately)				\$				
TOTAL (If actual exceeds maximum allowable do not itemize but insert maximum allowance)				\$				
ATTACH RECEIPTS				\$				
TRANSFER ALLOWANCE CLAIM								
ZONE				TO ZONE				
WITH DEPENDENTS <input type="checkbox"/>				WITHOUT DEPENDENTS <input type="checkbox"/>				
AMOUNT CLAIMED				\$				
TOTAL CLAIMED ON THIS APPLICATION (Transfer Allowance and/or Temporary Lodging Allowance)						\$		
APPLICABLE TO BOTH APPROVING OFFICER AND CLAIMANT								
<p><i>It is understood that claimant does not intend to resign, retire, or otherwise separate himself from CIA during the period of his assignment in the United States and, in keeping with the policy of Career Service, upon completion of such assignment he shall again be subject to assignment to a post outside the Continental United States.</i></p>								
APPLICABLE TO CLAIMANT ONLY								
<p>(1) I certify that the above claim is true and correct and that I have not been reimbursed therefor from any other source.</p> <p>(2) I agree that if I should voluntarily separate from the Agency within six (6) months from the date I returned to duty in the United States, I shall repay to the Agency the full amount received from this claim, unless my reasons for separation are acceptable to the Director of the Agency.</p>								
SIGNATURE OF CLAIMANT			DATE		SIGNATURE OF APPROVING OFFICER		DATE	
CERTIFICATION OF AVAILABILITY OF FUNDS				CERTIFIED FOR PAYMENT OR CREDIT				
ALLOTMENT ACCOUNT NO.		OBLIG. REF. NO.		DATE		AMOUNT		
DATE		AUTHORIZING OFFICER		AUTHORIZED CERTIFYING OFFICER				
FOR ACCOUNTING USE								
DESCRIPTION (13-22)	EXP. CODE (40-42)	ADVANCE ACCT. NO. (47-52)	G.L. ACCT. NO. (53-57)	ALLOT. LEDGER ACCT. NO. & VOU. NO. (59-67)	OBJ. CLASS (68-70)	AMOUNT (71-80)		
						D.R.	C.R.	

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Figure 1